

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☐ Application
☐ Changed/Corrected Application

4. Federal

5. APPLICANT INFORMATION

* Organizational DUNS:

* Legal Name:

Department:

Division:

* Street1:

Street2:

* City:

County:

* State:

* ZIP Code:

* Country:

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Phone Number:

Fax Number:

Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. * TYPE OF APPLICANT:

8. * TYPE OF APPLICATION: ☐ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

13. PROPOSED PROJECT:

* Start Date

* Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Position/Title:

* Organization Name:

Department:

Division:

* Street1:

Street2:

* City:

County:

* State:

* ZIP Code:

* Country:

* Phone Number:

Fax Number:

* Email:

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding <input style="width: 150px;" type="text"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text"/> c. * Estimated Program Income <input style="width: 150px;" type="text"/>	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 150px;" type="text"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) <input type="checkbox"/> * I agree <input style="width: 150px;" type="text"/> <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>	
19. Authorized Representative Prefix: <input style="width: 40px;" type="text"/> * First Name: <input style="width: 150px;" type="text"/> Middle Name: <input style="width: 150px;" type="text"/> * Last Name: <input style="width: 150px;" type="text"/> Suffix: <input style="width: 40px;" type="text"/> * Position/Title: <input style="width: 150px;" type="text"/> * Organization: <input style="width: 350px;" type="text"/> Department: <input style="width: 150px;" type="text"/> Division: <input style="width: 150px;" type="text"/> * Street1: <input style="width: 150px;" type="text"/> Street2: <input style="width: 150px;" type="text"/> * City: <input style="width: 150px;" type="text"/> County: <input style="width: 150px;" type="text"/> * State: <input style="width: 40px;" type="text"/> * ZIP Code: <input style="width: 60px;" type="text"/> * Country: <input style="width: 50px;" type="text"/> * Phone Number: <input style="width: 150px;" type="text"/> Fax Number: <input style="width: 150px;" type="text"/> * Email: <input style="width: 150px;" type="text"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>* Signature of Authorized Representative</div><div>* Date Signed</div></div>	
20. Pre-application <input style="width: 350px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	

**National Cancer Institute
Cancer Genetic Markers of Susceptibility
Data Access Request Form**

Appendix 1: Project Summary and Statement of Intent

Project Summary

Project Title:

Name of CGEMS data set being requested (Separate requests should be made for each study):

☐

Breast Cancer (NHS)

☐

Prostate Cancer (PLCO)

Please enter the required Statement of Intent in the area below:

It should be a brief description of the proposed research suitable for dissemination to the public and may include a statement of objectives and methods to be employed. This summary must not include any proprietary/confidential information. Please limit the summary to ≤ 200 type-written words.

**National Cancer Institute
Cancer Genetic Markers of Susceptibility
Data Access Request Form**

Appendix 2: Credentials and Additional Investigators

INVESTIGATOR 1: PROJECT DIRECTOR / PRINCIPAL INVESTIGATOR (PD/PI)

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credential:	<input type="text"/> (NIH ID or eRA Commons ID, if available)			
Position/Title:	<input type="text"/>	Dept:	<input type="text"/>	Org. Name: <input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>	Email: <input type="text"/>

SIGNING OFFICIAL (SO)

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credential:	<input type="text"/> (eRA Commons ID required)			
Position/Title:	<input type="text"/>	Dept:	<input type="text"/>	Org. Name: <input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>	Email: <input type="text"/>

ADDITIONAL INVESTIGATOR 1

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title:	<input type="text"/>	Dept:	<input type="text"/>	Org. Name: <input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>	Email: <input type="text"/>

ADDITIONAL INVESTIGATOR 2

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title:	<input type="text"/>	Dept:	<input type="text"/>	Org. Name: <input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>	Email: <input type="text"/>